



City of Santa Barbara
Building and Safety
www.SantaBarbaraCA.gov

REQUEST FOR APPEALS BOARD HEARING

Permit Number BLD20 _____ Date _____

Property Address _____ APN _____

Appellant's Name _____

Appellant's Address _____ Phone _____

Decision Being Appealed

A brief statement specifying order or action protested:

Further explanation attached.

Copy of protested notice attached.

A brief statement of the reason the protested order of action should be reversed, modified or otherwise set aside:

Appellant's Signature

I certify under penalty of perjury that the foregoing, to the best of my knowledge, is true and correct. I also acknowledge that the Board cannot waive any Code requirements and will only determine the proper application of the code.

Signature _____

Please pay \$230 fee to Cashier.

Within 30 days you will be given notice of the date of your hearing.

Questions

For further information contact the Building & Safety Division at (805) 564-5485

Hours: Monday-Friday *
8:30 a.m. to 4:30 p.m.
*Closed Alternate Fridays

Address: 630 Garden St, Santa Barbara, CA 93101
Phone: (805) 564-5485